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MCANDREWS HELD & MALLOY, LTD			MORGAN, ROBERT W	
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>
	09/681,345	KARRAS ET AL.
	<b>Examiner</b>	<b>Art Unit</b>
	Robert W. Morgan	3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) Responsive to communication(s) filed on 11 July 2007.
- 2a) This action is FINAL.                    2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) Claim(s) 1-11, 14-23, 25-32, 34-37, 40-46 and 49 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) Claim(s) \_\_\_\_\_ is/are allowed.
- 6) Claim(s) 1-11, 14-23, 25-32, 34-37, 40-46 and 49 is/are rejected.
- 7) Claim(s) \_\_\_\_\_ is/are objected to.
- 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on \_\_\_\_\_ is/are: a) accepted or b) objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All    b) Some \* c) None of:
1. Certified copies of the priority documents have been received.
  2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |   |   |
|---|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892)  | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)                        | Paper No(s)/Mail Date. _____                                      |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)<br>Paper No(s)/Mail Date _____. | 5) <input type="checkbox"/> Notice of Informal Patent Application |
|   | 6) <input type="checkbox"/> Other: _____.                         |

**DETAILED ACTION*****Continued Examination Under 37 CFR 1.114***

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 7/11/07 has been entered.

***Notice to Applicant***

2. This communication is in response to the amendment filed 7/11/07, the following has occurred: Claims 1, 6, 7, 14, 18, 25, 34, 40-45 and 49 have been amended. Claims 1-11, 14-23, 25-32, 34-37, 40-46 and 49 are presented for examination.

***Claim Rejections - 35 USC § 103***

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 1-11, 14-23, 25-32, 34-37, 40-46 and 49 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,424,996 to Killcommons et al. in view of U. S. Patent Application Publication 2002/0016718 to Rothschild.

As per claim 1, Killcommons et al. teaches a centralized medical information system, said system comprising:

--the claimed portal configured to access said remote data center for said medical content and said medical service said portal providing access to said medical content for at least one of viewing and locally retrieving said medical content in collaboration with a plurality of user and providing said medical services to a user at a user terminal remotely via said portal is met by requested data be received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommon et al. teaches a user may access and congregate a variety of information from different sources (such as the server) or instruct the server to retrieve useful data from other remote hosts, thereby providing the user or another receiving party with a comprehensive package of information (see: column 5, lines 17-22). Furthermore, Killcommon et al. teaches that although Fig. 1 shows only two user units, in variations of the transfer system (10, Fig. 1) any number of user units may communicate with the server (20, Fig. 1) in same manner as user units (50, Fig. 1) and (80, Fig. 1) (see: column 15, lines 37-42); and

--the claimed portal/data center connection allowing communication between said portal and said remote data center is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or

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separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

One of ordinary skill in the art at the time the invention was made would have found it obvious to include medical image management system as taught by Rothschild et al. within the medical network system and method for transfer of information as taught by Killcommons et al. with the motivation of providing immediate and convenient electronic delivery of medical images (see: Rothschild et al.: paragraph 4).

As per claim 2, Killcommons et al. teaches the claimed portal is accessible via a web browser. This limitation is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19).

As per claim 3, Killcommons et al. teaches the claimed portal comprises a web site. This feature is met by the user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64).

As per claim 4, Rothschild et al. teaches the claimed remote data center comprises a web server. The limitation is met by the advance servers such as Exodus (see: paragraph 157).

As per claim 5, Rothschild et al. teaches the claimed remote data center is cached and stored at a plurality of locations. This limitation is met when data is received at the central data management system (30, Fig. 3) and is kept on a hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: Rothschild et al.: paragraph 161).

As per claim 6, Rothschild et al. teaches the claimed remote data center comprises an application service provider remotely storing and providing medical content and medical services for local access and remote execution by a user at a user terminal. The limitation is met by the ASP tool (32, Fig. 1) and the ASP interface (22, 42 Fig. 1) that may require resident architecture at the respective local image workstation (20, Fig. 1) which is the first storage location (see: paragraph 204 and 208).

As per claim 7, Killcommons et al. and Rothschild et al. teach the claimed portal allows said medical content and said medical services to be stored at said remote data center and shared among a plurality of users. This limitation is met by the server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: Killcommons et al.: column 7, lines 56-65). In addition, Killcommons et al. and Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: Rothschild et al.: paragraph 161). In addition, Killcommons et al. and Rothschild et al. teach that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39). Furthermore, Killcommons et al. and Rothschild et al. teach that although Fig. 1 shows only two user units, in variations of the transfer system (10, Fig. 1) any number of user units may communicate with the server (20, Fig. 1) in same manner as user units (50, Fig. 1) and (80, Fig. 1) (see: Killcommons et al.: column 15, lines 37-42)

As per claim 8, Killcommons et al. teaches the claimed web browser capable of accessing said portal. This limitation is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19). In addition, Killcommons et al. teaches a user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64).

As per claim 9, Killcommons et al. teaches the claimed external access connection for storing said medical content and said medical services at said remote data center. This feature is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). Furthermore, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claim 10, Rothschild et al. teaches the claimed an authentication unit for authorizing access to said remote data center. This limitation is met by a login and password for each user using a PC (see: paragraph 108).

As per claim 11, Rothschild et al. teaches the claimed an authentication unit for authorizing access to said portal. This limitation is met by a log and password for each user using a PC (see: paragraph 108).

As per claim 14, Killcommons et al. teaches a method for accessing medical content, said method comprising:

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--the claimed accessing a portal is met by the user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64);

--the claimed requesting said medical content via said portal is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35);

--the claimed requesting medical services via said portal is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches an operator may selecting from various treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41);

--the claimed activating said medical service via said portal for execution of at least one said medical service remotely at said remote data center and local display via said portal is met an operator may selecting from various treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35).

Killcommons et al. teaches that data is accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). Killcommons et al. also teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al. teaches that an operator may select from various instances

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of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails teaches the claimed remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 15, Killcommons et al. teaches the claimed step of displaying at least one of said medical content and said medical services via said portal. This limitation is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claims 16-17 and 20-23, they are rejected for same reason set forth in claims 6, 3, 5, 2, 11 and 10, respectively.

As per claim 18, Killcommons et al. teaches the claimed portal comprises at least one link to said medical content and said medical services, wherein display of said medical content and execution of said medical service at the at least one link is provided to a user via said portal. This feature is met by the web pages that may be presented to the operator as a list of patient studies to select from such as laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35).

As per claim 19, Killcommons et al. teaches the claimed step of requesting said medical content via said portal and requesting said medical services via said portal comprises selecting one of said at least one link at said portal. This limitation is met by the web pages that may be presented to an operator as a list of patient studies such as laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claim 25, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39). Additionally, Killcommon et al. teaches a user may access and congregate a variety of information from different sources (such as the server) or instruct the server to retrieve useful data from other remote hosts, thereby providing the user or another receiving party with a comprehensive package of information (see: column 5, lines 17-22). Furthermore, Killcommon et al. teaches that although Fig. 1 shows only two user units, in variations of the transfer system (10, Fig. 1) any number of user units may communicate with the server (20, Fig. 1) in same manner as user units (50, Fig. 1) and (80, Fig. 1) (see: column 15, lines 37-42).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and

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medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach a remote data center storing said medical content.

Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: paragraph 161).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claims 26 and 28-32, they are rejected for same reasons set forth in claims 8, 4-6, 11 and 10, respectively.

As per claim 27, Killcommons et al. teaches the claimed portal/data center connection allowing communication between said web site and said remote data center. This feature is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

As per claim 34, Killcommons et al. teaches data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39). Additionally, Killcommon et al. teaches a user may access and congregate a variety of information from different sources (such as the server) or instruct the server to retrieve useful data from other remote hosts, thereby providing the user or another receiving party with a comprehensive package of information (see: column 5, lines 17-22). Furthermore, Killcommon et al. teaches that although Fig. 1 shows only two user units, in variations of the transfer system (10, Fig. 1) any number of user units may communicate with the server (20, Fig. 1) in same manner as user units (50, Fig. 1) and (80, Fig. 1) (see: column 15, lines 37-42).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach storing said medical content at said remote data center.

Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: paragraph 161).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 35-37 and 40-44, they are rejected for the same reasons set forth in claims 10, 6, 5, 15-19, and 21-22, respectively.

As per claim 45, Killcommons et al. and Rothschild et al. teach the claimed viewing and executing step further comprises authenticating access to said medical content and said medical services from said remote data center. This limitation is met by a login and password for each user using a PC (see: Rothschild et al.: paragraph 108). In addition, Killcommons et al. and Rothschild et al. teach requested data be received by a user unit through a user interface such as a web page, from a server (see: Killcommons et al.: column 5, lines 32-35). Furthermore, Killcommons et al. and Rothschild et al. teach that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39). Additionally, Killcommons et al. teaches user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64)

As per claim 46, Rothschild et al. teaches the claimed step of updating a portal capable of accessing said medical content at said data center to reflect said storing of said medical content at said data center. This limitation is met by the updating of IP address information and requested queued data stored in the central data management system (see: paragraph 89).

As per claim 49, Killcommons et al. teaches a web based centralized medical information system, said system comprising:

--the claimed web site configured to access said web server for said medical content and said medical services, said web site providing access to said medical content for at least one of viewing and locally retrieving said medical content in collaboration with a plurality of users and providing said medical services to a user via a web browser remotely via said web site is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19). In addition, Killcommons et al. teaches a user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64). Furthermore, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39). Furthermore, Killcommon et al. teaches that although Fig. 1 shows only two user units, in variations of the transfer system (10, Fig. 1) any number of user units may communication with the server (20, Fig. 1) in same manner as user units (50, Fig. 1) and (80, Fig. 1) (see: column 15, lines 37-42)

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

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Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach remote data center for storing and having a web server, said web server remotely accessible by a web site.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155). In addition, Rothschild et al. teaches advance servers such as Exodus (see: paragraph 157).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

***Response to Arguments***

5. Applicant's arguments filed 7/11/07 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 7/11/07.

In response to Applicant argument, it is respectfully submitted that the Examiner has applied recited new passages and citations to amended claims 1, 6, 7, 14, 18, 25, 34, 40-45 and 49 at the present time. The Examiner notes that amended limitations were not in the previously pending claims as such, Applicant's remarks with regard to the application of Killcommon et al. and/or Rothschild et al. to the amended limitations are addressed in the above Office Action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert W. Morgan whose telephone number is (571) 272-6773. The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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